

**Iowa Ethics and Campaign  
Disclosure Board**  
510 E. 12<sup>th</sup> St. 1A  
Des Moines, Iowa 50319  
Fax: 515-281-4073

**FOR INSTRUCTIONS, SEE BACK OF FORM  
DISCLOSURE SUMMARY PAGE**

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Friends of Susan Tomere

**IMPORTANT:** Indicate by # type of committee you are reporting for:

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party  
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political  
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC  
(11) Local Ballot Issue

**CANDIDATE COMMITTEES ONLY:**

**Candidate Name**

Susan Tomere

**Political Party (if applicable)**

Democrat

**Office Sought**

House of Representatives

**District (if Senate or House)**

47

**FORM  
DR-2**

(Rev. 07/2007)

**DISCLOSURE  
REPORT**

**For Office Use Only**

Comm. #

Logged in

Scanned

Computer

Audited

1752

7 pages

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

**SIGNATURE OF PERSON FILING REPORT**

**TELEPHONE**

**DATE SIGNED**

I AM FILING A 10/31/2008

(report date)

REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.

Indicate by #

1

☐ CHECK IF AMENDMENT TO REPORT DATED

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.  
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in  
which Election is held

**STATEMENT OF CASH ON HAND**

**CASH ON HAND** at the beginning of the reporting period. (Total of all funds held by the  
committee. This amount **MUST** be the same as the cash on hand at the end  
of the last reporting period or must be zero if this is first report filed.)

4,338.05

**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) (\*\*also see in-kind below)

1,293.66

Schedule F: Loans Received total (Attach Schedule F)

1,434.53

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

**SUB-TOTAL**

7,066.24

**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below)

4,853.55

Schedule F: Loan Repayments total (Attach Schedule F)

0.00

2,212.69

**CASH ON HAND** at the end of this reporting period (if final report balance must be zero)

\*\*UNPAID BILLS (From Schedule D - Attach Schedule D)

0.00

\*\*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

0.00

\*\*OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

2,434.53

**CONSULTANT BREAKDOWN** (Schedule G Attached?)

YES NO

**CANDIDATE COMMITTEES ONLY:**

**VALUE OF CAMPAIGN PROPERTY** (From Schedule H - Attach Schedule H)

576.45

**STATE COMMITTEES:** Submit a reconciled campaign account bank statement in January of each year.

**For Instructions, See Back of Form**

**CONTRIBUTIONS — MONEY TAKEN IN**  
(including candidate's personal funds)



<b>SCHEDULE</b> <b>A</b> (Rev. 07/03)	<b>MONETARY RECEIPTS</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Friends of Susan Temere

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

**NOTE:** ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

**CAUTION:** Section 58B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
10/08/2008	ID# CK#	Act Blue Iowa PO Box 382110 Cambridge MA 02238		\$4.80	<input type="checkbox"/>
10/09/2008	ID# CK#	Diane Krell 1650 S 43rd St W Des Moines IA 50265		75.00	<input type="checkbox"/>
10/10/2008	ID# CK#	Berkley Bodell 15712 Rusty Rd Spritz Lake IA 51360		100.00	<input type="checkbox"/>
10/11/2008	ID# CK#	Anna M Rado 22237 Cass St Farmington Hills MI 48335		25.00	<input type="checkbox"/>
10/11/2008	ID# CK#	Mary Lou Butcher 3864 Vista Lane Orchard Lake MI 48323		100.00	<input type="checkbox"/>
10/11/2008	ID# CK#	Lisa Bean 2978 310th St Waukeo IA 50263		100.00	<input type="checkbox"/>
10/14/2008	ID# CK#	Jessica Hernandez 2654 E Sheridan Ave Des Moines IA 50317		25.00	<input type="checkbox"/>
10/15/2008	ID# CK#	Michelle A Peacock 13465 Oak Brook Dr Urbandale IA 50323		200.00	<input type="checkbox"/>
10/15/2008	ID# CK#	Mollie Giller 27681 Northwoods Rd Adel IA 50003		50.00	<input type="checkbox"/>
10/17/2008	ID# CK#	D Wirth 1456 334th Rd Woodward IA 50276		50.00	<input type="checkbox"/>

SUB-TOTAL

\$ 229.80

TOTAL (if last page of this schedule)

\$

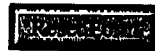
\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 2  
(for Schedule A)

For Instructions, See Back of Form

# CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)



SCHEDULE <b>A</b> (Rev. 07/03)		MONETARY RECEIPTS	
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM			

COMMITTEE NAME (Must be same as on Statement of Organization)

Friends of Susan Temere

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

**NOTE:** ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

**CAUTION:** Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
10/19/2008	ID# CK#	Act Blue Iowa PO Box 382110 Cambridge MA 02238		\$148.86	<input type="checkbox"/>
10/20/2008	ID# CK#	Raymond Clark 135 Bel Aire Dr Waukon IA 50263		150.00	<input type="checkbox"/>
10/22/2008	ID# CK#	Alyce Ward 1485 S Willow Dr W Des Moines IA 50266		100.00	<input type="checkbox"/>
10/22/2008	ID# CK#	Sandra Kirkendall 8900 Jefferson Ave Apt 1510 Detroit MI 48214		100.00	<input type="checkbox"/>
10/22/2008	ID# CK#	Sherrie Taha 308 Court Ave #302 Des Moines IA 50309		15.00	<input type="checkbox"/>
10/24/2008	ID# CK#	C. R Uhlenhake Walker 1612 13th St Des Moines IA 50314		25.00	<input type="checkbox"/>
10/27/2008	ID# CK#	Fern Andrew 1030 63rd St Des Moines IA 50311		25.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 563.86

TOTAL (if last page of this schedule)

\$ 1293.66

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 2 of 2  
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

RECEIVED

# EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE <b>B</b> (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Friends of Susan Temere

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10/15/2008	ID# CK# 1088	American Express	gas mileage from 7/15 to 10/14	\$ 945.36
	ID# CK# 1089	Voided		
10/20/2008	ID# CK# 1090	Susan Temere PO Box 743 Waukee IA 50263	Office Rent from January to October	1000.00
10/20/2008	ID# CK# 1091	Office Max 6305 Mills Civic Pkwy W Des Moines IA 50266	251 printed postcards	30.28
10/20/2008	ID# CK# 1092	Hy Vee 555 S 51st St W Des Moines IA 50266	postcard stamps	27.00
10/20/2008	ID# CK# 1093	Hy Vee 555 S 51st St W Des Moines IAa 50266	Postcard Stamps	27.00
10/20/2008	ID# CK# 1094	Hy Vee 555 S 51st St W Des Moines IA 50266	Postcard Stamps	27.00
10/21/2008	ID# CK# 1095	Litho Craft Printers 5311 SW 9th St Des Moines IA 50315	Campaign materials	1654.15
SUB-TOTAL				\$ 3710.79
TOTAL (If last page of this schedule)				\$

## THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detailed on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(j).)

Page 1 of 2

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM



# EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

<b>SCHEDULE</b> <b>B</b> (Rev. 07/03)	<b>MONETARY</b> <b>EXPENDITURES</b>
<input type="checkbox"/> <b>CHECK THIS BOX IF AMENDING FORM</b>	

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Friends of Susan Temere

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10/23/2008	ID# CK#1096	Office Max 6305 Mills Civic Pkwy W Des Moines IA 50266	campaign labels	\$ 102.80
10/27/2008	ID# CK#1097	Hy Vee 555 S 51st St W Des Moines IA 50266	Food for Food for volunteers	19.96
10/27/2008	ID# CK# 1098	Postmaster Adel IA 50003	Bulk mailing	1000.00
10/27/2008	ID# CK#1099	Postmaster Waukee IA 50263	Post office box renewal PO Box 663	10.00
10/27/2008	ID# CK#1100	Postmaster Waukee IA 50263	Post Office box renewal PO Box 743	10.00
	ID# CK#			
	ID# CK#			
	ID# CK#			

SUB-TOTAL \$ 1142.76

TOTAL (If last page of this schedule)

\$ 4853.55

## THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

Page 2 of 2

(for Schedule B)

**RESET****COMMITTEE NAME**(Must be same as on Statement of Organization)

Friends of Susan Ternere

**SCHEDULE****F**

(Rev. 02/08)

**LOANS  
RECEIVED  
& REPAYED**☐ **CHECK THIS BOX IF  
AMENDING FORM****NOTE:** This schedule reports money loaned to the committee which is deposited in the committee account.**TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$** \_\_\_\_\_**PART I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD**

(Original source of loan, such as a bank, must be shown if a third party is involved. Include loans from candidate's personal funds.)

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, if Applicable)	RELATIONSHIP TO CANDIDATE (if Applicable)	AMOUNT OF LOAN
10/27/2008	Susan Ternere PO Box 743 Waukeg IA 50263	the candidate	\$ 1434.53

**TOTAL (PART I)** \$ 1434.53**PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD**

(Loans forgiven must be reported on Schedule E - In-kind Contributions.)

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, if Applicable)	RELATIONSHIP TO CANDIDATE* (if Applicable)	AMOUNT REPAYED
			\$

**TOTAL CASH REPAYMENTS (PART II)**

\$ \_\_\_\_\_

From Schedule E - TOTAL LOANS FORGIVEN

\$ \_\_\_\_\_

**TOTAL OUTSTANDING LOANS END OF REPORT PERIOD**

\$ 2434.53

\*Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column when it applies.

Page 1 of 1  
(for Schedule F)

RESET

**THIS FORM IS USED BY CANDIDATES' COMMITTEES ONLY**

COMMITTEE NAME (Must be same as on Statement of Organization)

Friends of Susan Temere

<b>SCHEDULE H</b> (Rev. 02/08)	<b>CAMPAIGN PROPERTY</b>
ATTACH SCHEDULE H TO EACH REPORT, MAKING CHANGES AS REQUIRED.	
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**PART I - ONGOING INVENTORY OF CAMPAIGN PROPERTY**

Date Purchased (Schedule B) or Date Received (Schedule E) (MM/DD/YY)	Description of Property	Purchase Price or Est. Value When Acquired*	Current Value at Fair Market This Report
01/01/2008	Toshiba Laptop & HP Printer & 2 yr printer warranty	\$491.45	491.45
01/01/2008	Utility Table	\$85.00	85.00

TOTAL VALUE CAMPAIGN PROPERTY THIS REPORT (TRANSFER TO SUMMARY PAGE) \$ 576.45

\* If estimated, show est. beside figure.

**PART II - SALES OR TRANSFERS OF CAMPAIGN PROPERTY \*\***

Date (MM/DD/YY)	Name and Address of Purchaser/Donor	Description of Property	Sold? Y/N	Sale Price	Value of Donation

TOTALS \$ \_\_\_\_\_ \$ \_\_\_\_\_

\*\* PROPERTY SALES &amp; TRANSFERS TOTAL (TRANSFER TO SUMMARY PAGE) \$ \_\_\_\_\_

(Attach Additional Schedules if Needed)